# LETTER OF COMPLIANCE INSPECTION REPORT

INSPECTION DATE/TIME/DURATION:
8/30/2023 9:50 AM

PROVIDER ID:
491672

LICENSE #:
258911

JURISDICTION:

| INSPECTION TYPE | |
|---|---|
| | Initial Application |
| | Conversion |
| ✔ | Mandatory Review |
| | Full |
| | Complaint Investigation |
| | Monitoring |
| | Other |

☐ Follow Up

**Approved Capacity:** 15

| AGES | Approved for | # Enrolled | # Present |
|---|---|---|---|
| 2's | Y ● N | 0 | 0 |
| 3's | Y ● N | 0 | 0 |
| 4's | ● Y N | 13 | 13 |
| 5's (pre-school) | ● Y N | 0 | 0 |
| 5-15 (school-age) | Y ● N | 0 | 0 |
| **TOTAL** | | 13 | 13 |
| Head Start | XXXXXX | 0 | XXXXXX |

REGION:
5

COMPLAINT #:

EXCELS LEVEL:

NURSERY SCHOOL: ☐ Y ● N

FATALITY:
0

SERIOUS INJURY:
0

ACCREDITED: ☐ Y ● N

ACCREDITED BY:

EXP DATE:

WORKERS COMPENSATION INSURANCE COVERAGE: ● Y ☐ N

EXP DATE:
8/31/2023

OPERATOR NAME:

FACILITY NAME:
ICM Academy

ADDRESS:
19411 Woodfield Road Gaithersburg MD 20879

PERSON(S) INTERVIEWED:
Saniya Akhder

TITLE(S):
Assistant Administrator

TELEPHONE:
(240) 543-0206

E-MAIL:
imohiuddin@icomd.org ◔ Verified ○ N/A

## PART 1 - MANDATORY REVIEW ITEMS

INSTRUCTIONS: (1) Review each regulation that applies to the inspection being conducted.
(2) The compliance status of an item listed under Part 2 may be recorded when deemed necessary.
(3) Initial/Resumption/Conversion/Full Inspection - Complete both Part 1 and Part 2.

**C = In Compliance, D = Discussed, N = Not in Compliance, X = Not Inspected, NA = Not Applicable**

| | | |
|---|---|---|
| N | **.03.06A** | Notifications |
| C | **.04.01B** | Capacity |
| C | **.05.01A** | Building Safety |
| C | **.05.08A** | Appropriate Facilities and Supplies |
| C | **.05.11** | General Cleanliness and Disposal of Refuse |
| C | **.05.12** | Outdoor Activity Area |
| C | **.07.02** | Abuse and Neglect Reporting |
| N | **.07.06** | Child Security |
| N | **.08.01A** | Appropriate Supervision |
| C | **.08.03** | Group Size and Staffing |
| C | **.08.07** | Playground Supervision |
| C | **.10.01A(4)** | Emergency Escape Route Posted |
| C | **.10.01C** | Emergency Contact Posted |
| C | **.10.03** | Safe Use of Materials and Equipment |
| C | **.10.04** | Potentially Hazardous Items |
| C | **.12.04A** | Food Safety |

## PART 2 – GENERAL COMPLIANCE REVIEW

**INSTRUCTIONS: The compliance status of an item listed under Part 1 is excepted (exc.) from recording under Part 2.**

**C = In Compliance, D = Discussed, N = Not in Compliance, X = Not Inspected, NA = Not Applicable**

**CHAPTER 02 APPLICATION AND MAINTENANCE**

| | | |
|---|---|---|
| X | **.03C** | Maintenance of a Continuing Letter of Compliance |

**CHAPTER 03 MANAGEMENT AND ADMINISTRATION**

| | | |
|---|---|---|
| X | **.01** | Multi-Site Facilities |
| X | **.02** | Admission to Care |
| X | **.03** | Program Records |
| X | **.04** | Child Records |
| X | **.05** | Staff Records |
| X | **.06** | Notifications **[exc. A]** |
| X | **.07** | Change of Operation |
| X | **.08** | Variances |
| X | **.09** | Advertisement |

**CHAPTER 04 OPERATIONAL REQUIREMENTS**

| | | |
|---|---|---|
| X | **.02** | Enrollment and Attendant |

**CHAPTER 05 PHYSICAL PLANT AND EQUIPMENT**

| | | |
|---|---|---|
| X | **.01** | Building Safety **[exc. A]** |

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**CHAPTER 05 PHYSICAL PLANT AND EQUIPMENT, CON'T**

X ____ **.02** Accessibility
X ____ **.03** Indoor Space
X ____ **.04** Building Repair and Maintenance
X ____ **.05** Lead-Safe Environment
X ____ **.06** Ventilation and Temperature
X ____ **.07** Water Supply
X ____ **.08** Sanitary Facilities **[exc. A]**
X ____ **.09** Lighting
X ____ **.10** Telephone and Communication
X ____ **.13** Swimming Facilities

**CHAPTER 06 STAFF REQUIREMENTS**

X ____ **.01** Minimum Staff Age
X ____ **.02** Staff Orientation
X ____ **.03** Suitability for Employment
X ____ **.04** Staff Health
X ____ **.05** Substitutes
X ____ **.06** Support Personnel
X ____ **.07** Volunteers

**CHAPTER 07 CHILD PROTECTION**

X ____ **.01** Prohibition of Abuse, Neglect, Injurious Treatment
X ____ **.03** Child Discipline
X ____ **.04** Parental Access
X ____ **.05** Authorized Release

**CHAPTER 08 CHILD SUPERVISION**

X ____ **.01** Individualized Attention and Care **[exc. A]**
X ____ **.02** Staff Available for Emergencies
X ____ **.04** Variations in Group Size
X ____ **.05** Supervision during Water Activities
X ____ **.06** Supervision during Transportation
X ____ **.08** Rest Time Supervision

**CHAPTER 09 PROGRAM REQUIREMENTS**

X ____ **.01** Materials and Equipment
X ____ **.02** Rest Furnishings
X ____ **.03** Storage

**CHAPTER 10 SAFETY**

X ____ **.01** Emergency Safety Requirements **[exc. A(4), C]**
X ____ **.02** First Aid and CPR
X ____ **.05** Transportation

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**CHAPTER 11 HEALTH**

X ____.01 Exclusion for Acute Illness

X ____.02 Infectious and Communicable Diseases

X ____.03 Preventing Spread of Disease

X ____.04 Medication Administration and Storage

X ____.05 Smoking

X ____.06 Alcohol and Drugs

**CHAPTER 12 NUTRITION**

X ____.01 Food Service

X ____.02 Modified Diet

X ____.03 Food Sources

N ____.04 Food Storage and Preparation **[exc. A]**

**CHAPTER 12 NUTRITION, CON'T**

X ____.05 Food Preparation Area and Equipment

**CHAPTER 13 ADOLESCENT FACILITIES**

X ____.01 Approved Plan

**CHAPTER 14 EDUCATIONAL PROGRAM**

X ____.04 Change of Operation

X ____.06 Personnel Qualifications

X ____.07 Educational Program

X ____.08 Child Records

X ____.09 Health, Fire Safety, Zoning

**CHAPTER 15 INSPECTIONS, COMPLAINTS AND ENFORCEMENTS**

X ____.02 Inspections

X ____.06 Emergency Suspension

Signature of Provider

Signature of Agency Representative

Susan Newell

8/30/2023

Date